



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
#642640

SHORT TERM & LONG TERM DISABILITY
Provided by The Standard Insurance Company

SUMMARY OF BENEFITS	
<u>SHORT TERM DISABILITY</u>	<u>LONG TERM DISABILITY</u>
60% of the first \$2,083 of your Weekly Predisability Earnings, reduced by Deductible Income	50% of the first \$15,000 of your Monthly Predisability Earnings, reduced by Deductible Income
Maximum Weekly Benefit: \$1,250 Minimum Weekly Benefit: \$15	Maximum Monthly Benefit: \$7,500 Minimum Monthly Benefit: \$100
Benefit Waiting Period: Coverage for Accidents begins on the 8 th Day Coverage for Sickness, Pregnancy, or Mental Disorder begins on the 8 th Day	Benefit Waiting Period: 180 Days or if STD is purchased also, LTD will pick up when STD has been exhausted
Maximum Benefit Period: 180 Days minus your Benefit Waiting Period (173 days of pay after 7 day waiting period)	Maximum Benefit Period: Determined by age at time of Disability
To be eligible for coverage, you must work at least 20 Hours per week	To be eligible for coverage, you must work at least 20 Hours per week
For all regular employees of Metro	For regular employees of Metro, other than a School Crossing Guard hired after July 1, 1990, who are NOT ELIGIBLE for Metro's credited service pension
Effective Date: first of the month coinciding with or following 30 days of active employment	Effective Date: first of the month coinciding with or following 30 days of active employment
You pay 100% of your premium	You pay 100% of your premium
You do not have to be Totally Disabled in order to qualify for Benefits, but must suffer a loss of income by at least 20% and be unable to perform material duties of your occupation.	You do not have to be Totally Disabled in order to qualify for Benefits, but must suffer a loss of income by at least 20% during your Own Occupation Period of 24 months and be unable to perform material duties of your Occupation; or suffer a loss of income of at least 40% during the Any Occupation period to Age 65 and be unable to perform the material duties of any occupation.
On the Job injuries are not covered under STD.	On the Job injuries are covered under LTD.
Late Enrollment Penalty: If you are applying for coverage now, and have exhausted your enrollment period of the first 31 days after becoming eligible to purchase coverage, then disabilities other than Accidents will not be covered until 60 days for the first 12 months of your coverage.	A Medical History Statement must be filled out and turned into The Standard's medical underwriting department for approval if you are applying for coverage now, and have exhausted your enrollment period of the first 31 days after becoming eligible to purchase coverage. **There is a deadline for when the Medical History Statement must be received by The Standard--please check with your HR department for this year's deadline.
Pre-Existing Conditions Exclusion applies to 90-day period prior to the effective date of coverage & continues until coverage has been in effect for 12 months.	Pre-Existing Conditions Exclusion applies to 90-day period prior to the effective date of coverage & continues until coverage has been in effect for 12 months.

THIS DOCUMENT IS CONSIDERED TO BE A SUMMARY OF YOUR PLAN ONLY. PLEASE REFER TO YOUR CERTIFICATE OF COVERAGE FOR A DETAILED DESCRIPTION OF THE BENEFITS AND LIMITATIONS OF THIS PLAN. IN ALL CASES, THE GROUP POLICY AND CERTIFICATE OF COVERAGE WILL GOVERN THE ADMINISTRATION OF THIS POLICY.



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY

#642640

SHORT TERM & LONG TERM DISABILITY

Provided by The Standard Insurance Company

Quick Reference

<i>Department</i>	<i>Address</i>	<i>Phone Number</i>
Short Term/Long Term Disability Claims	The Standard Insurance Company Attn: Disability Claims Department P.O. Box 2800 Portland, OR 97298-2800	1-800-368-2859
Medical Underwriting	The Standard Insurance Company Attn: Medical Underwriting 41 Donald B. Dean Drive South Portland, ME 04106-6914	1-888-348-3226
Customer Service	1-800-348-3226	

Short Term Disability Rate Examples

Formula: Multiply .028 times your **weekly** pay to get your monthly STD rate.

(Weekly pay is based on a 40-hour work week, and must not exceed \$2,083.)

*If you are a salaried employee, divide your annual salary by 52 to get your weekly earnings.

Hourly Earnings	Weekly Earnings	Sample Monthly Rate
\$10	\$400	\$11.20
\$15	\$600	\$16.80
\$20	\$800	\$22.40
\$25	\$1,000	\$28.00
\$30	\$1,200	\$33.60

What is my STD monthly Rate?

Weekly Pay Monthly Rate
.028 X _____ = _____

Long Term Disability Rate Examples

Formula: Multiply .0035 times your **monthly** pay to get your monthly LTD rate.

(Monthly pay is based on a 40-hour work week, and must not exceed \$15,000.)

*If you are a salaried employee, divide your annual salary by 12 to get your monthly earnings.

Hourly Earnings	Monthly Earnings	Sample Monthly Rate
\$10	\$1,750	\$6.13
\$15	\$2,600	\$9.10
\$20	\$3,500	\$12.25
\$25	\$4,375	\$15.31
\$30	\$5,250	\$18.38

What is my LTD monthly Rate?

Monthly Pay Monthly Rate
.0035 X _____ = _____

THIS DOCUMENT IS CONSIDERED TO BE A SUMMARY OF YOUR PLAN ONLY. PLEASE REFER TO YOUR CERTIFICATE OF COVERAGE FOR A DETAILED DESCRIPTION OF THE BENEFITS AND LIMITATIONS OF THIS PLAN. IN ALL CASES, THE GROUP POLICY AND CERTIFICATE OF COVERAGE WILL GOVERN THE ADMINISTRATION OF THIS POLICY.